Medicaid Standards of Promptness
Report 4
(FY2021 Appropriation Act - Public Act 166 of 2020)

September 30, 2021

Sec. 620. *(1) The department shall make a determination of Medicaid eligibility not later than 90 days if disability is an eligibility factor. For all other Medicaid applicants, including patients of a nursing home, the department shall make a determination of Medicaid eligibility within 45 days of application.*

(2) The department shall provide quarterly reports to the senate and house appropriations subcommittees on the department budget, the senate and house standing committees on families and human services, the senate and house fiscal agencies, the senate and house policy offices, and the state budget office on the average Medicaid eligibility standard of promptness for each of the required standards of promptness under subsection (1) and for medical review team reviews achieved statewide and at each local office.

Section 620(2) of Public Act 166 of 2020 Report #4 (June 1, 2021 – August 31, 2021) Medicaid Standard of Promptness	
Average Medicaid eligibility standard of promptness when disability is an eligibility factor	**90.26%**
Average Medicaid eligibility standard of promptness for all other Medicaid applications	**97.37%**

Section 620(2) of Public Act 166 of 2020 Report #4 (June 1, 2021 – August 31, 2021) Medical Review Team Reviews Processing Time	
Average processing time for medical review team reviews **Statewide***	**105.80 days**
Average processing time for medical review team reviews **Central Service Area (Lansing office) ****	**105.80 days**

*The statewide average is a weighted average based on the caseload of each Disability Determination Service (formerly known as Medical Review Team) office.

**Medical review team cases are now being processed only in the Central Service Area (Lansing office) so the statewide average processing time is now the same for both sections of this report.